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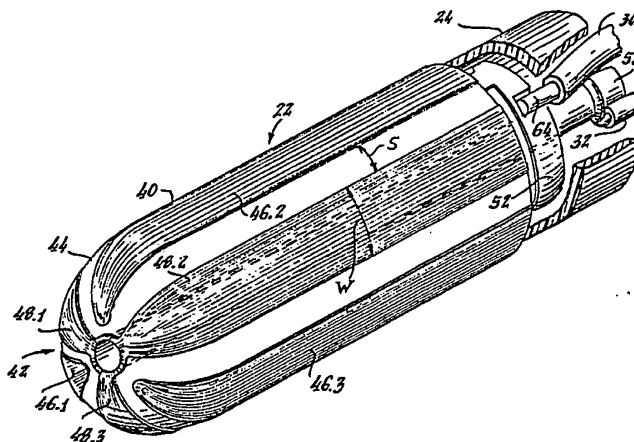
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(54) Title: A MULTIPOLAR ELECTROSURGICAL DEVICE

(57) Abstract

A multipolar electrosurgical device (22) for use in neurosurgery or through the channel of an endoscope or other precision surgery procedures. The device is formed with an insulative probe body (40), which, in the described embodiment, is sized to pass through a channel of an endoscope to enable the electrocoagulation of blood vessels such as may be needed in the treatment of a gastrointestinal ulcer. The probe body is provided with electrically separate conductors (46, 48) which are formed of a plurality of electrodes (46.1, 46.2, 46.3, 48.1, 48.2, 48.3) distributed over the peripheral surface of the probe body. A plurality of at least six electrodes which can form six bipolar electric fields are formed which in one embodiment are aligned longitudinally on the probe body. The electrodes extend onto the probe body's distal end to provide an omnidirectionally effective electrosurgical device. A central conductive wash channel (57) is provided for electrical connection to a set of electrodes at the distal end of the probe body while also providing a passage for fluid to enhance the visibility of the target area for subsequent precise electrocoagulation of the device. Several embodiments are shown and described.



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A MULTIPOLAR ELECTROSURGICAL DEVICEField of the Invention

This invention relates to electrosurgery generally, and more specifically to a multipolar electrosurgical device for use in precision surgery such as through an endoscope for the coagulation of
5 tissue or in neurosurgery or eye surgery.

Background of the Invention

The use of heat for the cauterization of bleeding wounds dates to ancient times. In the present century the use of radio frequency (RF)
10 electrical current traveling through a portion of the body has been widely used to stop bleeding. Cauterization of tissue arises by virtue of its resistivity to RF energy. In the cauterization of blood the proteins in it are heated to a temperature
15 where the proteins congeal similar to the process involving the cooking of egg white. RF energy is preferred because its frequency is above that which could otherwise cause neuro-muscular stimulation. Several modes of RF cauterization of tissue are
20 employed, such as monopolar or bipolar coagulation.

In monopolar coagulation, an active electrode of small dimensions such as of the order of 1 mm is applied to the bleeding site and the current path is completed through the body to a distal plate
25 electrically in contact with a large surface area of



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the body such as the buttocks. One technique in which the monopolar mode may be employed involves fulguration which is the use of a spark or arc from the active electrode to the tissue. In bipolar
5 coagulation, the two active electrodes are closely spaced, of the order of millimeters so that the current path is confined to a local region of the tissue.

Another technique for stopping bleeding involves the delivery of thermal energy, such as from a
10 resistively heated probe as described in an article entitled "The Heater Probe: A New Endoscopic Method For Stopping Massive Gastrointestinal Bleeding" by David C. Auth et al and appearing in Vol. 74, No. 2,
15 Part 1, pages 257-262 of Gastroenterology, 1978. Laser energy has been suggested as described in an article entitled Endoscopic Laser Treatment by David C. Auth et al and appearing at pages 232-239 of the above Gastroenterology publication.

20 A comparison of these various coagulating techniques appears at pages 362-366 of an article entitled "Nonsurgical Management Of Acute Nonvariceal Upper Gastrointestinal Bleeding" by David C. Auth et al and published at page 349 of Hemostasis and
25 Thrombosis, Vol. 4, 1979, Edited by T. H. Spaet, published by Grune & Stratton, Inc. Thus, it is well known that tissue proteins coagulate at temperatures of 50°-100°C.

The coagulation of bleeding vessels such as
30 in the case of bleeding ulcers in gastrointestinal parts of the body requires use of a long endoscope from the distal end of which the bleeding area first must be identified and subsequently treated with an instrument passed through a channel provided in the
35 endoscope. The locating of the bleeding site is not easy since often the tissue wall being investigated may be moving, debris in the form of particles is

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likely to be present and the blood flow itself tends to obscure the bleeding sources. These can be very small, of the order of less than a mm with many present in a particular area and each to be coagulated.

5 The endoscope, therefore, is also provided with a wash channel through which a fluid such as a liquid or gas can be supplied to flush away the debris and permit visual scrutiny of the tissue area to be treated. In the above identified Endoscopic
10 Laser Treatment article, a flow of gas which is coaxial with the laser fiber is used to clear tissue. In a known electrosurgical device of the bipolar type, a pair of conductors are imbedded in the wall of a catheter whose central bore is used to supply
15 gas or liquid to the tissue area to be treated. The conductors project in the form of spaced-apart loops from a distal end of the catheter.

When a tissue area is to be treated, each tiny source of blood is subjected to heat treatment.
20 This means the clearing of tissue with a wash of fluid, followed by the application of heat, again clearing the area and applying heat and so on until all of the bleeding areas have been coagulated. In such treatment, the repeated applications should be
25 made with facility in an accurate manner with a minimum of undesirable side effects such as the sticking of the coagulating device to tissue areas. The laser technique has the advantage of not requiring physical contact, and thus avoiding such
30 sticking problems, but because of the variable way in which different tissue conditions permit absorption of the laser energy, precise control during tissue treatment is difficult. The monopolar electrosurgical device tends to injure tissue not intended
35 to be treated and even cause damage in the target area itself such as by excessively deep effects in

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the target area. Hence, bipolar electrosurgical treatment of tissue has been used and proposed as improving safety because the electric current is confined to the small area between electrodes. Several bipolar devices have been proposed.

5 For example, starting with an early 1875 U.S. patent 164,184 to Kidder, a bipolar electrosurgical device is proposed wherein a pair of conductors are spirally wound onto a rubber probe body in which the conductors are embedded. The conductors are shown
10 terminated at a distal hemispherically shaped end of the probe body. A thermally heated knife is described and shown in the U.S. patent 1,366,756 to R.H. Wappler who employed a pair of half-round cross-sectionally shaped conductor rods twisted about
15 an insulator to connect to a heater-knife. In 1934 Kimble proposed a bipolar electrosurgical device in U.S. patent 1,983,669 wherein a pair of conductors are shown twisted around a common insulator and project from a retainer body in a manner useful for
20 side-wise or head-on application to a tissue area.

 The U.S. patent 4,011,872 to Komiya proposes an electrosurgical device wherein, for example, as shown in Figs. 5, 9 and 11, one conductor is
25 connected to a high frequency energy source and is formed of three or four electrodes. The electrodes individually extend from a distal end with spacings between electrodes being variable to accommodate or grasp differently sized tissue areas. In the U.S. patent 3,987,795 to Morrison, an electrosurgical
30 device is described to operate in a mode which is intermediate between the mono and bipolar modes of electrosurgery. This is achieved by mounting on one body, such as made of ceramic or glass, an active electrode and a return electrode whose surface area
35 is made significantly larger than that of the active electrode. Various probe configurations are

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illustrated in the drawings.

Although these prior art electrosurgical devices are useful, they often do not provide satisfactory operation for a number of reasons. For instance, as previously noted, it is important that the probe body with which a cauterizing high frequency current is supplied can be repeatedly and precisely made to impinge upon the tiny blood vessel openings in the tissue area being treated independent of the orientation of the probe. This requires that as the probe is manually controlled at the proximal end of an endoscope, proper electrical contact is achieved to coagulate a blood vessel or other tissue target area whether the probe body is applied head-on, obliquely or side-wise to the tissue area.

Use of electrode configurations as shown in the above prior art, thus frequently is unsatisfactory because of the large number of probe applications needed to treat a tissue target or achieve coagulation of a bleeding tissue area.

Summary of the Invention

With an electrosurgical device in accordance with the invention, a more consistent and accurate tissue treatment is obtained with a multipolar probe body on which a plurality of electrodes are distributed in a predetermined manner. As described with respect to one embodiment, the probe body is sized so that it can be passed through a channel of an endoscope from its proximal end. The probe body is provided with conductors which are formed of a plurality of electrodes. The electrodes of different conductors are selectively sized and generally uniformly distributed in spaced apart pairs, over the distal end and side of the peripheral surface of the probe body, with a predetermined minimum number of

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spaced apart pairs to enable omnidirectional multipolar treatment of tissue when the probe body is operatively projected from the distal end of the endoscope. The term multipolar, as used herein, means the electrosurgical use of a plurality of electrodes which are arranged in fixed relationship with each other on a probe body for at least a bipolar contact and a precise treatment of small tissue targets over a wide range of orientations of the electrosurgical device relative to the tissue target.

As described with reference to one form for an electrosurgical device in accordance with the invention, the probe body is provided with a central bore which extends from the proximal to the distal end of the probe body and is sized to pass a fluid sufficient to clear the tissue area to be treated. The probe body bore may be provided with a conductive lining as part of a conductor along which RF current is supplied to electrodes converging at and connected to the conductive lining at the distal probe body end.

With an electrosurgical device in accordance with the invention, a bleeding tissue area can be approached over a broad range of orientations, yet treated with greater effectiveness and fewer probe applications. A more uniform coagulation is achieved with limited depth of damage and a more predictable zone of coagulation. A mechanically gentle contact with the tissue to be treated can be used.

The use of a multiple number of pairs of electrodes of different conductors assures at least bipolar or multiple bipolar tissue contact when the probe body is applied while the probe body is small enough to electrically coagulate the individual blood vessels from the distal end of an endoscope. A particularly effective probe body in accordance with the



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invention employs at least six electrodes, constituting the equivalent of six bipolar coagulating devices, around the peripheral surface of the endoscopically passable probe body. With such electro-surgical device, bipolar, tripolar or higher polar tissue contact can be made independent of the orientation of the probe body for effective treatment of tissue such as gastric bleeding ulcers.

It is, therefore, an object of the invention to provide an electrosurgical device which can be reliably applied in an accurate manner in the electrosurgical treatment of small tissue targets.

It is a further object of the invention to provide an electrosurgical device which is passable through an endoscope to coagulate bleeding vessels from the distal end of the endoscope in a reliable and consistent manner. It is a further object of the invention to provide an omnidirectionally effective electrosurgical device with which gastrointestinal bleeding ulcers may be treated in an efficient and effective manner through an endoscope.

These and other advantages and objects of the invention can be understood from the following description of several electrosurgical devices in accordance with the invention which is described in conjunction with the drawings.

Brief Description of Drawings

Fig. 1 is a perspective view of an endoscope instrument with an electrosurgical device in accordance with the invention may be used;

Fig. 2 is a greatly enlarged perspective view of an electrosurgical device in accordance with the invention;

Fig. 3 is a central sectional view along a longitudinal axis of the electrosurgical device in

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accordance with the invention;

Fig. 4 is a rear end view of the electro-surgical device of Fig. 2 without connecting wires and connecting catheter;

5 Fig. 5 is a front end view of the electrosurgical device of Fig. 2;

Fig. 6 is a front end view of an electrosurgical device and electrical schematic showing an alternate electrical interconnection for the device; and

10 Fig. 7 is a side view in partial section of an alternate electrosurgical device in accordance with the invention.

Detailed Description of Embodiments

15 With reference to Figs. 1 through 4, a conventional endoscope 10 is illustrated. The endoscope 10 has a long flexible shaft 12 though the invention may be used with different fixed shaft endoscopes. At its proximal end the endoscope 10 is provided with

20 a control head 14, a viewer 16 and a joy-stick 18 to control the deflection of the flexible distal end 20 of flexible shaft 12. The flexible shaft 12 has a number of channels to enable viewing by way of flexible fiber optics, a channel to carry a supply of

25 cleaning fluid such as gas or water, and a channel through which special devices can be passed such as a forceps, brush, or knife to carry out a surgical procedure.

The endoscope 10 in Fig. 1 is provided with a

30 bullet-shaped electrosurgical device 22 with which tissue can be treated from the distal end 20 of shaft 12. The electrosurgical device 22 is press-fit connected to the distal end of a long catheter 24 passed through an endoscope channel to connect

35 through a fluid tight coupling 26 to a pressurized

fluid source 28 at the proximal end of the endoscope
10. Insulated electrical wires 30, 32, which are
connected to electrosurgical device 22, are passed
through the lumen 34 of catheter 24 and coupling 26
to connect to an RF source 36. Existing electro-
5 surgical generators can be used and, if necessary,
simple impedance matching networks employed, such as
a resistor across conductors 30, 32. In some
instances an isolation transformer is interposed for
safety.

10 The electrosurgical device 22 is formed of an
electrically insulative probe body 40 sized to pass
from the proximal end to the distal end of an
endoscope channel. The probe body 40, as illustrated
in Figs. 2, 3 and 4, is greatly enlarged since, for
15 example, in one practical size its maximum cross-
sectional dimension is of the order of 2.4 mm (about
0.095"). The probe body 40 has a generally cylindrical
shape with its distal end 42 being smoothly bluntly
curved into a generally semi-spherical shape.

20 The probe body 40 has an outer peripheral
surface 44 on which a pair of conductors 46, 48 are
placed and respectively electrically connected to
wires 30, 32. The conductors 46, 48 are each formed
of three fine longitudinal strip electrodes 46.1,
25 46.2, 46.3 and 48.1, 48.2, 48.3. The electrodes are
aligned generally parallel on peripheral surface 44
with the longitudinal axis 50 of the probe body 40
and are angularly uniformly distributed at angular
intervals of 60°. The electrodes of different
30 conductors 46, 48 are respectively successively
spaced along each other at distances, S. The gaps S
are generally about the same as the widths W of the
electrodes at the cylindrical portion of the probe
body 40 where the electrodes also are generally of
35 equal size. For a probe body 40 of a 2.4 mm dia-
meter, the gaps S and width W may be of the order of

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about 0.6 mm.

The electrodes 46.1, 46.2 and 46.3 of conductor 46 are electrically connected to a conductive ring 52 located on a radially recessed shoulder 54 of probe body 40 at its proximal end 56.

5 The electrodes 48.1, 48.2 and 48.3 are electrically connected at the distal end 42 to a conductive lining 58 placed in a central through bore 59 of probe body 40. The lining 58 is in the form of a tube which extends from the proximal end 56 into lumen 34 of
10 catheter 24 and has a central wash channel 57.

The fine electrodes have a gradually narrowing width at the distal end 42 to provide a generally consistent spacing between successively spaced electrodes while presenting a plurality of uniformly
15 distributed opposite electrode pairs or poles around the longitudinal axis 50 for one or more bipolar contacts with tissue. With at least six electrode poles, hexapolar, spaced in fixed relationship around the distal end 42 and side of the peripheral surface
20 44 of probe body 40, at least bipolar and frequently higher polar tissue contact can be achieved substantially independent of the orientation of the probe body 40 relative to the tissue while achieving proper thermal heating of small tissue targets.

25 Electrical contact between electrodes 46.1, 46.2, 46.3 is made with conductor ring 52 as shown in Fig. 4 with respectively radial conductive segments 60.1, 60.2 and 60.3. Wire 30 is connected to ring 52 at a radial notch 62 in shoulder 54 where notch 62 is
30 sized to receive conductor 64 of insulated wire 30. The notch 62 has a conductive coating 66 in electrical contact with ring 52 and soldered to conductor 64.

35 Electrical contact between electrodes 48.1, 48.2, 48.3 and wire 32 is made at the proximal end 56 where conductor 68 inside wire 32 is wrapped around

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and soldered to conductive tube 58. The connection of tube 58 to electrodes 48.1, 48.2 and 48.3 may be done with soldering.

In a current technique for the manufacture of the electrosurgical device 22 in accordance with the invention, the probe body 40 is formed of a machinable ceramic substrate such as sold under the tradename MACOR. The ceramic is cut into the desired shape, i.e. with semi-spherically shaped distal end 42, central bore 59, recessed shoulder 54 and notch 62. A conductive metallic compound is then painted, under a microscope, or by movement of the probe body relative to a thick film printing screen, on the cut ceramic substrate to form the conductor electrodes 46, 48 and ring 52.

The metallic compound preferably is formed of a material which upon the application of heat (firing) forms a strong fused bond with the ceramic substrate. Compounds for this purpose are well known in the semiconductor and electronic manufacture technology. The metallic compound is also preferably extended into the bore 59 followed by the insertion of tube 58 so that upon firing, an electrical connection is automatically made at the distal end between tube 58 and electrodes 48.1, 48.2 and 48.3. The thickness of conductor electrodes 46, 48 is quite thin, of the order of .025 mm (.001").

With an electrosurgical device 22 in accordance with the invention, electrocoagulation can be obtained with various orientations of the probe body relative to the tissue and without requiring a rotation of the probe body. This is particularly advantageous when the device is used through an endoscope so that end-on, oblique or sidewise applications of the probe results in at least a bipolar contact.

With an electrosurgical device 22 in accord-

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ance with the invention, the electric field pattern around the probe body may be selected to provide homogeneous thermal heating close to the tissue surface contacted by the probe body. For example, in the above description of the electrosurgical device 22, the field lines 72 shown in Fig. 5 for a given field strength between adjacent electrodes may be as generally illustrated in Fig. 5. The radial extent of the field lines 72 is a function of the size of the gap S between electrodes. Thus, for some applications where a lesser radial field depth is desired to reduce the depth of coagulation, the gap between the fine electrodes may be reduced. In such case a larger number of electrodes can be employed resulting in a greater number of bipolar contacts. When a deeper tissue treatment is needed, the gap S between electrodes may be increased. The number of electrodes and gap sizes may thus be selected, depending upon the particular physiological tissue being treated.

In Fig. 6 the electrodes are shown excited by a multiple phase RF source 76. Source 76 is a three phase source which is connected in a Y phase connection to electrodes 46.1, 46.2 and 46.3 with a return 78 connected to electrodes 48.1, 48.2 and 48.3. With the multiphase RF source 76, the voltage between electrodes such as 48.1 and 48.2 is larger than between electrodes 46.1 and 48.1, thus providing a stronger field for deeper coagulation. The connection of source 78 to probe body 40 involves four instead of two wires as in the embodiment of Figs. 2-5.

In Fig. 7 an electrosurgical device 80 is shown using a similarly shaped probe body 40, but where electrodes are distributed in circumferential continuous bands 82.1 through 82.8. This arrangement is intended for tissue treatment of the inner wall of



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an anatomical tube. The electrodes 82.1 through 82.8 are oriented in planes which are transverse to the longitudinal axis 50.

Electrical connection between wires 30, 32 and electrodes 82 is made with a pair of electrical conductors 84, 86 located within bores drilled parallel to the longitudinal axis 50 of the device 80. A central bore 59 to contain a conductive liner-tube 58 is provided. Contact between conductors 84, 86 and the electrodes 82 is made through conductively lined or filled holes 88 located to intersect the desired electrode and conductor 84, 86 as illustrated in Fig. 7.

The conductor 84 is similarly connected to ring electrode 52 to which wire 30 is soldered. Conductor 86 is connected to the conductive tubing 58 together with the conductor of wire 32. Manufacture of the electrosurgical device 80 may be done similarly as suggested for the device shown in Fig. 2.

Having thus described an electrosurgical device in accordance with the invention, its advantages can be appreciated. The central wash channel through tube 58 is particularly useful in clearing the tissue area precisely ahead of the electrosurgical device. The channel or tube is, therefore, made sufficiently wide to accomodate the desired flow of liquid or gas. The fluid may be passed as illustrated through lumen 34 of catheter 24 in between the wires 30, 32 or, if space permits, a separate conduit can be used which fits inside lumen 34 and fits over the proximal end of tube 58. The conductive lining 58 for bore 58 in the probe body 40 may in some applications be dispensed with. In such case electrical contact with electrodes 48.1, 48.2 and 48.3 can be provided from a split conductor ring 52 to which wires 30, 32 are then connected.

With the geometrical arrangement and distri-

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5 bution of fine electrodes on an electrosurgical device as shown in Figs. 2-5, the advantages of bipolar tissue treatment are obtained and, in particular, an ability to randomly approach a tissue target area either side-wise, head-on or obliquely, without a loss of an ability to treat the target area. The incorporation of a central wash channel further enhances the utility of the electrosurgical device.

10 Variations from the described embodiments may be made by one skilled in the art without departing from the scope of the invention.

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What is claimed is:

1. An electrosurgical device for use in the treatment of tissue comprising
 - a multipolar probe body having a peripheral surface, and a longitudinal axis
 - 5 electrically isolated conductors mounted on the probe body, said conductors being formed with multipolar electrodes, with electrodes of different conductors being respectively successively spaced from each other in fixed relationship on the
 - 10 peripheral surface of the probe body, said electrodes of different conductors being further selectively sized and generally uniformly distributed, in spaced apart pairs, over a distal end and side of said peripheral surface, with a predetermined minimum
 - 15 number of spaced apart pairs to enable at least bipolar treatment of tissue with effectively omnidirectional probe body orientations relative to the tissue to be treated when the probe body is used.
2. The electrosurgical device as set forth in claim 1 wherein the probe body is provided with a plurality of at least six electrodes extending over the distal end and side of the peripheral surface.

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3. The electrosurgical device as set forth
in claim 2 wherein said conductors are respectively
each formed of at least three electrically connected
longitudinal electrodes disposed generally parallel
5 to the longitudinal axis on said peripheral surface
of the probe body, with electrodes which are
connected to different conductors being respectively
successively circumferentially spaced from each other
to provide said at least bipolar tissue contact
10 capability around the periphery of the probe body.

4. The electrosurgical device as set forth
in claim 3 wherein said probe body is formed of a
rigid insulative material, and a bore extending
through the rigid insulative material from a proximal
5 to a distal end thereof, said bore being sized to
pass said fluid to clear the tissue area to be
treated.

5. The electrosurgical device as set forth
in claim 4 wherein said bore is provided with a
conductive lining which is electrically connected to
the electrodes of one of said electrically isolated
5 conductors.

6. The electrosurgical device as set forth
in claim 5 wherein said probe body has a generally
blunt curved shaped distal end with a generally
central opening therein corresponding to a distal end
of said electrically conductive bore, and wherein the
electrodes connected to the conductive lining extend
over said shaped distal end of the probe body to
connect to said conductive lining at the distal end,
with electrodes connected to another conductor
extending over the distal end and terminating in
spaced relationship from the electrodes connected to
the conductive lining to form multipolar contact
capability at the distal end of the probe body.

7. The bipolar electrosurgical device as set
forth in claim 6 wherein electrodes are distributed
at about equiangular spacing of the order of about
 60° about the longitudinal axis for said multiphase
excitation.

8. The electrosurgical device as set forth
in claim 1 wherein the number of conductors located
on the multipolar probe body is selected commensurate
with a multiphase excitation of the electrodes by a
corresponding multiple phase source of electrical
energy.

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9. An electrosurgical device for use through a channel of an endoscope with a source of fluid to clear tissue areas to be treated comprising

5 a multipolar probe body having a peripheral surface and cross-sectional dimensions sized to enable passage of the probe body through the endoscope channel from a proximal end to a distal end thereof, said probe body having a longitudinal axis, which, when the probe body is in the endoscope

10 channel, is generally in parallel alignment therewith, electrically isolated conductors mounted on the probe body, said conductors being formed with multipolar electrodes, with electrodes of different

15 conductors being respectively successively spaced from each other in fixed relationship on the peripheral surface of the probe body, said electrodes of different conductors being further selectively sized and generally uniformly distributed, in spaced apart pairs, over a distal end and side of said

20 peripheral surface, with a predetermined minimum number of spaced apart pairs to enable at least bipolar treatment of tissue with effectively omnidirectional probe body orientations relative to the tissue to be treated when the probe body is

25 operatively projected from the distal end of the endoscope.

10. The electrosurgical device as set forth in claim 9 wherein the probe body is provided with a plurality of at least six electrodes extending over the distal end and side of the peripheral surface.



11. The electrosurgical device as set forth
in claim 10 wherein said conductors are respectively
each formed of at least three electrically connected
longitudinal electrodes disposed generally parallel
5 to the longitudinal axis on said peripheral surface
of the probe body, with electrodes which are
connected to different conductors being respectively
successively circumferentially spaced from each other
to provide said at least bipolar tissue contact
10 capability around the periphery of the probe body.

12. The electrosurgical device for use
through a channel of an endoscope as set forth in
claim 11 wherein said probe body is formed of a rigid
insulative material, and a bore extending through the
5 rigid insulative material from a proximal to a distal
end thereof, said bore being sized to pass said fluid
to clear the tissue area to be treated.

13. The electrosurgical device for use
through a channel of an endoscope as set forth in
claim 12 wherein said bore is provided with a
conductive lining which is electrically connected to
5 the electrodes of one of said electrically isolated
conductors.

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14. The electrosurgical device as set forth in claim 13 wherein said probe body has a generally blunt curved shaped distal end with a generally central opening therein corresponding to a distal end of said electrically conductive bore, and wherein the electrodes connected to the conductive lining extend over said shaped distal end of the probe body to connect to said conductive lining at the distal end, with electrodes connected to another conductor extending over the distal end and terminating in spaced relationship from the electrodes connected to the conductive lining to form multipolar contact capability at the distal end of the probe body.

15. The bipolar electrosurgical device as set forth in claim 14 wherein electrodes are distributed at about equiangular spacing of the order of about 60° about the longitudinal axis for said multiphase excitation.

16. The electrosurgical device as set forth in claim 14 wherein the number of conductors located on the multipolar probe body is selected commensurate with a multiphase excitation of the electrodes by a corresponding multiple phase source of electrical energy.

17. The electrosurgical device as set forth in claim 9 wherein a first group of electrodes which is connected to one conductor is distributed on the peripheral surface of the probe body with about equiangular spacings between electrodes of the order of about 120° , and wherein electrodes connected to a different conductor are respectively located on the peripheral surface between electrodes of the first group.

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18. An electrosurgical device for use
through a channel of an endoscope comprising
an insulative multipolar probe body
having cross sectional dimensions sized to enable
5 passage of the probe body through the endoscope
channel from a proximal end to a distal end thereof,
said probe body having a longitudinal axis which,
when the probe body is passed through an endoscope
channel, is in general parallel alignment therewith,
10 said insulative probe body being pro-
vided with a pair of electrical conductors, said
conductors being each formed on generally like sized
and uniformly distributed fine strip shaped
electrodes fused to an outer peripheral surface of
15 the probe body, with electrodes which are connected
to different conductors being respectively successive-
ly spaced from and along each other on the peripheral
surface of the insulative probe body with the number
of pairs of successive electrodes being selected to
20 provide a multipolar probe body capable of at least
bipolar tissue contact for effective electrosurgical
treatment of tissue from the distal end of the
endoscope channel substantially independent of the
orientation of the multipolar probe body with respect
25 to the tissue being treated.

19. The electrosurgical device as set forth
in claim 18 wherein each conductor is formed of at
least three electrodes which are aligned parallel to
the longitudinal axis.

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20. The electrosurgical device as set forth in claim 19 wherein said insulative probe body is smoothly curved at the distal end, said electrodes extending onto said distal end to provide multiple
5 bipolar tissue contact capability around the longitudinal axis of the probe body at said distal end.

21. The electrosurgical device as set forth in claim 20 wherein said probe body is further provided with a bore extending from a proximal end to the distal end of the probe body, said bore being
5 sized to pass fluid for clearing a tissue area to be treated.

22. The electrosurgical device as set forth in claim 21 wherein said probe body bore is provided with a conductive lining throughout the length of the bore and with a distal end of the conductive lining
5 connected to electrodes of one electrical conductor.

23. The electrosurgical device as set forth in claim 18 wherein each conductor is formed of electrodes in the form of continuous bands located on the peripheral surface and extending around the
5 longitudinal axis.



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24. An electrosurgical device for use
through a channel of an endoscope comprising

an insulative multipolar probe body
having crosssectional dimensions sized to enable
5 passage of the probe body through the endoscope
channel from a proximal end to a distal end thereof,
said probe body having a longitudinal axis which,
when the probe body is passed through an endoscope
channel, is in general parallel alignment therewith;

10 said insulative probe body having an
outer peripheral surface which is provided with at
least six electrodes in the form of fine conductive
strips in fixed spaced relationship with each other
and affixed to the probe body, said electrodes being
15 aligned generally parallel with the longitudinal axis
of the probe body, said electrodes being uniformly
distributed over the peripheral surface and so
connected to form at least six electrodes around the
side and distal end of said peripheral surface to
20 enable at least bipolar tissue contact independent of
orientation of the probe body relative to the tissue
ara being treated from the distal end of the
endoscope; and

25 a bore extending through the probe body
from a proximal end to the distal end thereof and
sized to enable fluid to pass therethrough for the
clearing of tissue to be treated.

25. The electrosurgical device as set forth
in claim 24 wherein the bore is provided with a con-
ductive lining, said conductive lining being
electrically connected to a plurality of at least
5 three electrodes at the distal end of said probe
body.



-24-

26. The bipolar electrosurgical device as set forth in claim 24 wherein said probe body has a smoothly curved, bluntly shaped distal end with the distal end of the conductive lining generally

5 centrally located on the probe body distal end, with other electrodes extending onto the probe body distal end between the electrodes connected to the conductive lining and terminating in spaced relationship therefrom to form bipolar electrode

10 pairs over the probe body distal end.

27. The bipolar electrosurgical device as set forth in claim 25 wherein the probe body is further provided with a radially recessed annular shoulder at a proximal end and a ring electrode

5 placed around the recessed shoulder and electrically connected to other electrodes on the probe body.

28. The bipolar electrosurgical device as set forth in claim 27 wherein the recessed shoulder further is provided with a radially recessed notch sized to receive a wire connection.



1/2

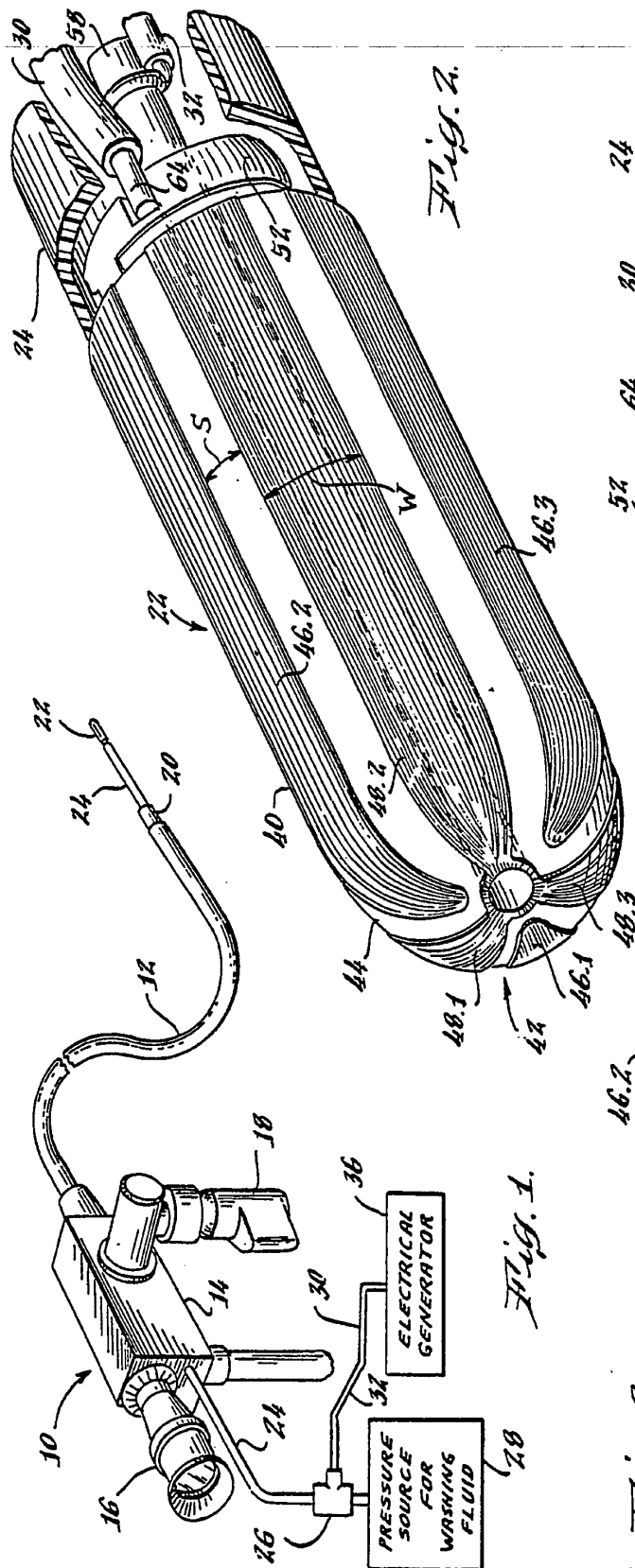
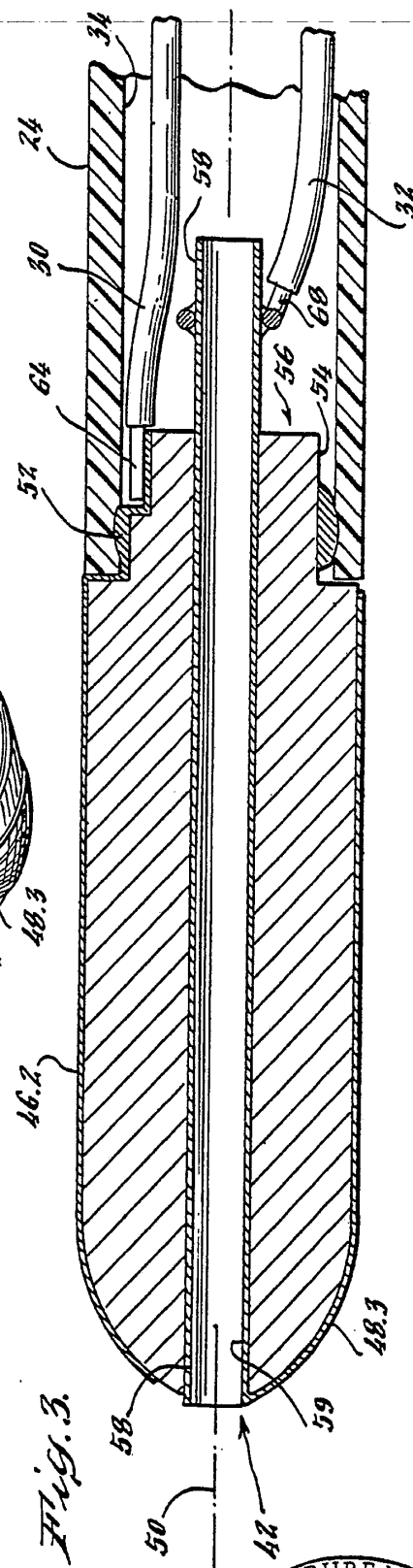


Fig. 2.



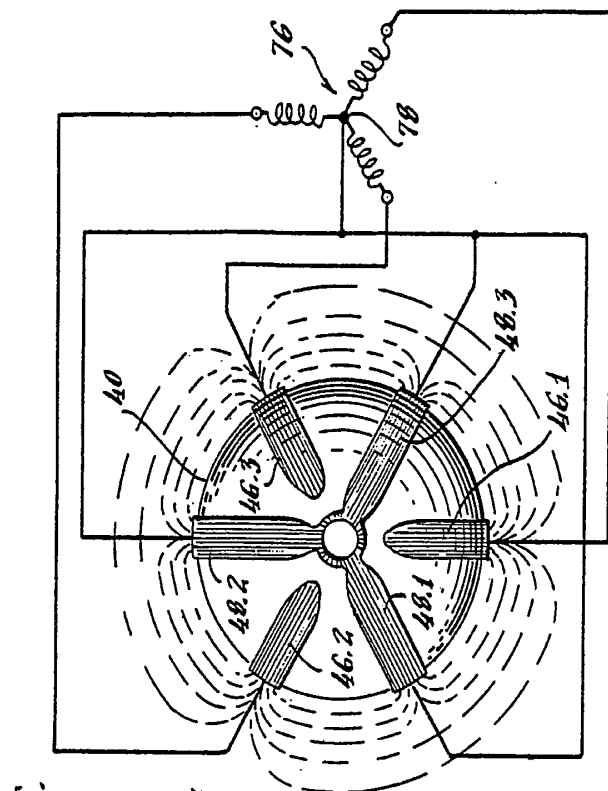


Fig. 6.

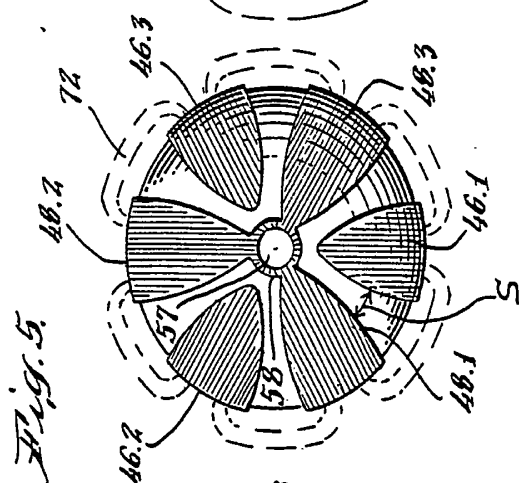


Fig. 5.

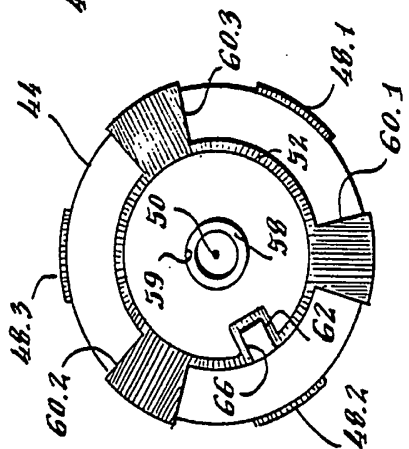


Fig. 4.

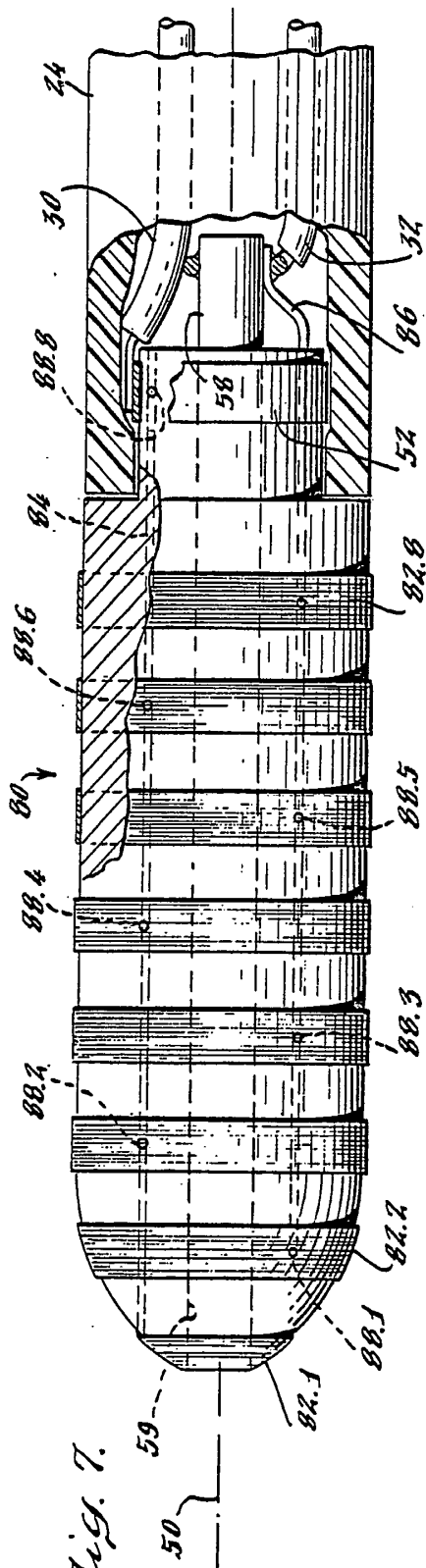


Fig. 7.

INTERNATIONAL SEARCH REPORT

International Application No PCT/US80/01443

I. CLASSIFICATION OF SUBJECT MATTER (If several classification symbols apply, indicate all) ³		
According to International Patent Classification (IPC) or to both National Classification and IPC		
Int. Cl. ³	A61B	17/39
U.S. Cl.	128/303.15	128/303.17
II. FIELDS SEARCHED		
Minimum Documentation Searched ⁴		
Classification System	Classification Symbols	
U.S.	128/303.13-303.18	
Documentation Searched other than Minimum Documentation to the extent that such Documents are included in the Fields Searched ⁵		
III. DOCUMENTS CONSIDERED TO BE RELEVANT ¹⁴		
Category ⁶	Citation of Document, ¹⁶ with indication, where appropriate, of the relevant passages ¹⁷	Relevant to Claim No. ¹⁸
X	US,A, 1,814,791, Published 14 July 1931, ENDE	1-4,8
X	US,A, 3,920,021, Published 18 November 1975, HILTEBRANDT	1-4,8-12, 17-21,23,24
X	US,A, 4,033,351, Published 05 July 1977, HETZEL	1-4,8-12, 17-21,23,24
X	US,A, 3,902,494, Published 02 September 1975, HABERLENET AL.	4,12,21,24
A	US,A, 164,184, Published 08 June 1875, KIDDER	1
A	US,A, 1,366,756, Published 25 January 1921, WAPPLER	1
A	US,A, 1,983,669, Published 11 December 1934, KIMBLE	1
A	US,A, 2,275,167, Published 03 March 1942, BIERMAN	1
A	US,A, 3,460,539, Published 12 August 1969, ANHALT, SR.	1
A	US,A, 3,901,242, Published 26 August 1975, STORZ	1,9
A	US,A, 3,974,833, Published 17 August 1976, DURDEN, III	5
A	US,A, 3,987,795, Published 26 October 1976, MORRISON	1
(Cont. On Suppl. Sheet 2)		
<p>[*] Special categories of cited documents: ¹⁵</p> <p>"A" document defining the general state of the art</p> <p>"E" earlier document but published on or after the international filing date</p> <p>"L" document cited for special reason other than those referred to in the other categories</p> <p>"O" document referring to an oral disclosure, use, exhibition or other means</p> <p>"P" document published prior to the international filing date but on or after the priority date claimed</p> <p>"T" later document published on or after the international filing date or priority date and not in conflict with the application, but cited to understand the principle or theory underlying the invention</p> <p>"X" document of particular relevance</p>		
IV. CERTIFICATION		
Date of the Actual Completion of the International Search ²		Date of Mailing of this International Search Report ²
17 July 1981		18 AUG 1981
International Searching Authority ¹		Signature of Authorized Officer ²⁰
ISA/US		Lee S. Cohen

FURTHER INFORMATION CONTINUED FROM THE SECOND SHEET

III		
A	US,A, 4,011,872, Published 15 March 1977, KOMIYA	1,9
A,P	US,A, 4,202,337, Published 13 May 1980, HREN ET AL.	1
A,P	US,A, 4,228,800, Published 21 October 1980, DEGLER, JR. ET AL.	1
A,E	US,A, 4,248,231, Published 03 February 1981, HERCZOG ET AL.	1
A	CH,A, 243,478, Published 03 January 1947, SCHARER	1
A	SU,A, 644,491, Published 30 January 1979, SHAMRAEVSKII ET AL.	1

V. ☐ OBSERVATIONS WHERE CERTAIN CLAIMS WERE FOUND UNSEARCHABLE ¹⁰

This international search report has not been established in respect of certain claims under Article 17(2) (a) for the following reasons:

1. ☐ Claim numbers because they relate to subject matter ¹² not required to be searched by this Authority, namely:

2. ☐ Claim numbers because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out ¹³, specifically:

VI. ☐ OBSERVATIONS WHERE UNITY OF INVENTION IS LACKING ¹¹

This International Searching Authority found multiple inventions in this international application as follows:

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims of the international application.

2. ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims of the international application for which fees were paid, specifically claims:

3. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claim numbers:

Remark on Protest

- ☐ The additional search fees were accompanied by applicant's protest.
☐ No protest accompanied the payment of additional search fees.

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